<b>1040</b>		nent of the Treasury—				20-	14	OMB No	o. 1545-0074	IRS Use O	nly—D	o not write or staple in thi	s space.
For the year Jan. 1-De	eginning		, 2014, ending , 20					Se	e separate instructi	ons.			
Your first name and		Last name							Your social security number				
If a joint return, spou	!	Last name							Spo	ouse's social security n	umber		
Home address (num	a P.O. box	k, see ins	tructions.					Apt. no.	<b>A</b>	Make sure the SSN(s and on line 6c are c			
City, town or post office	ce, state, a	and ZIP code. If you	have a foreiç	gn addres	s, also complete	spaces below	(see instr	uctions).	I			residential Election Car	
Foreign country name				Foreign province/state/county Foreign postal co					oostal code	jointly	y, want \$3 to go to this fund to below will not change your	. Checking	
Filing Status	1 2	Single	a jointly (c	won if o	nly one had in	acomo)	4					person). (See instruction	
Check only one	3											lot your dependent, en	itei tilis
box.		and full name here. ►  S Qualifying widow(er) with										dent child	
Franchisms	6a											Boxes checked	
Exemptions	b									. }	on 6a and 6b No. of children		
	С	Dependents:			(2) Dependent	i's (	3) Depend	ent's	(4) ✓ if child			on 6c who:	
	(1) First name Last name				social security nu	mber rel	ber relationship to you		qualifying for child tax cre (see instructions)			<ul><li>lived with you</li><li>did not live with</li></ul>	
If we are the sections										]		you due to divorce or separation	
If more than four dependents, see										]	_	(see instructions)	
instructions and										]	_	Dependents on 6c not entered above	
check here ►		T									_	Add numbers on	
	d Total number of exemptions claimed											lines above <b>&gt;</b>	
Income	7								-		7		
	8a	Taxable interest Tax-exempt in					 . 8b			1	8a		
Attach Form(s)	b 9a	-					. OD				9a		
V-2 here. Also											Ja		
attach Forms W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes									10		
1099-R if tax	11	Alimony received									11		
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ									12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here									13		
If you did not get a W-2,	14	Other gains or	(losses).	Attach I	Form 4797 .					[	14		
see instructions.	15a	IRA distributio	ns .	15a			<b>b</b> Ta	xable ar	mount .		15b		
	16a	Pensions and a		16a			_	xable ar			16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E							-	17			
	18	Farm income or (loss). Attach Schedule F								_	18		
	19										19		
	20a 21	Social security Other income.		20a	ount		_		mount .		20b 21		
	22	Other income.  Combine the an	nounts in t	he far ria	ht column for li	ines 7 throug	 h 21. Th	is is vou	r total incom	e <b>▶</b>	22		
	23						23						
Adjusted	24	Certain business								$\overline{}$			
Gross		fee-basis government officials. Attach Form 2106 or 2106-EZ					24			1 1			
Income	25	Health savings account deduction. Attach Form 8889 .					. 25						
	26	Moving expenses. Attach Form 3903					. 26						
	27	Deductible part of self-employment tax. Attach Schedule SE $$ .					. 27			$\perp$			
	28	Self-employed SEP, SIMPLE, and qualified plans								$\perp$			
	29	Self-employed health insurance deduction								+			
	30	Penalty on early withdrawal of savings								+			
	31a	Alimony paid <b>b</b> Recipient's SSN ▶ 31a							+				
	32	IRA deduction							+-				
	33 34	Reserved											
	3 <del>4</del> 35	Domestic production activities deduction. Attach Form 8903 35											
	36	•									36		
	37			· · · · · · · · · · · · · · · · · · ·									